

State File No. \_\_\_\_\_  
Registered No. 60

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Elabe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Patricia Ann Kleiner (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <i>Female</i>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <i>yes</i>	7. Date of birth <i>Mar 15, 1931</i> Month Day Year
----------------------------------	--	--------------------------------	------------------------------	--

8.	FATHER	14.	MOTHER
Full name	Joseph Michael Kleimer	Full maiden name	Lenora Bertha Dellwig

<p>9. Residence (Usual place of abode) <i>Globe</i></p> <p>If non-resident, give place and state. <i>Ariz</i></p>	<p>15. Residence (Usual place of abode) <i>Globe</i></p> <p>If non-resident, give place and state. <i>Ariz</i></p>
---	--

10. Color or race <i>White</i>	11. Age at last birthday <i>27</i> (Years)	16. Color or race <i>White</i>	17. Age at last birthday <i>30</i> (Years)
-----------------------------------	--	-----------------------------------	--

12. Birthplace (city or place) Memphis  
(State or country) Tenn

18. Birthplace (city or place) San Antonio  
(State or country) Texas

13. Occupation Nature of Industry <i>Mine Sampler</i>	19. Occupation Nature of Industry <i>Housewife</i>
--	---

20. Number of children of this mother.....6..... (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living.....6..... (b) Born alive but now dead.....0..... (c) Stillborn.....0.....	21. Were precautions taken against oph- thalma neonatorum? <u>yes</u>
--	--	--

I hereby certify that I attended the birth of this child, who was Alvin at 2:50 P.m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, household head, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature: C. W. Adams  
Physician  
(Physician or Midwife).

Given name added from supplemental report: 929-315-347 Address: Box 636, Clark, Nev.  
Month, day, year: 1-18-51

Filed 4/10 1931 *D. E. [Signature]* Registrar